

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7		6				
8	1					
9						
10						
11						
12						
13						
14	1					
15						
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20						
21		1				
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27		1				
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30	1					
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50						

TOTAL IND.

6

TOTAL DEP.

29

TOTAL CLAIMS

35

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.

6

TOTAL DEP.

29

TOTAL CLAIMS

35